



UPDATE TO Provider Bulletin No. 03-05

September 12, 2003

TO: All Nebraska Medicaid Providers

FROM: Robert Seiffert, Administrator

RE: Use of National HCPCS/CPT Procedure Codes and Modifiers

This notice provides updates to the national procedure code replacements published May 20, 2003 in Provider Bulletin No. 03-05 and incorporates the changes made to durable medical equipment and medical supplies published July 10, 2003. Please direct questions regarding this bulletin to the program specialist listed for the service type.

The following changes have been made to the replacements for Nebraska-defined local procedure codes and modifiers since originally published –

- **Anesthesia Services**
Changed Medicaid contact to Terri Johansen
- **Durable Medical Equipment and Medical Supplies**
 - W0102 – Removed E0619 as a national replacement
 - W0105 – Removed K0615, K0616, and K0617 as national replacements
 - W0262 – Corrected replacement procedure codes to A6410, A6411, and A6412
 - Modifier SA – Added RP as a new national replacement and revised Billing Notes
- **Federally-Qualified Health Centers**
 - W0046 – Revised Billing Notes (clarified circumstances for billing)
- **Hearing Aids**
 - W0415 – Removed V5090 RP, V5110 RP, V5200 RP, and V5240 RP as national replacements and revised Billing Notes
 - W0425 – Revised Billing Notes (added specific procedure codes)
 - Modifier D – Revised Billing Notes (added specific procedure codes)
- **Home Health Services**
 - Changed Medicaid contact to Marilyn Jackson
- **Hospital Ambulatory Room and Board Services**
 - Changed Medicaid contact to Sue Fiero
 - 110974 – Removed

110975 – Removed

110977 – Added A0180 22 and removed A0200 as national replacements and revised Billing Notes

- **Mental Health and Substance Abuse Treatment Services for Children and Adolescents and Psychiatric Services for Individuals Age 21 and Older**
 - W9768 – Revised Billing Notes (unit of service)
 - W9769 – Revised Billing Notes (unit of service)
- **Nursing Services**
 - Changed Medicaid contact to Marilyn Jackson
 - W0870 – Revised Billing Notes (maximum units of service)
 - W0871 – Revised Billing Notes (maximum units of service)
- **Personal Care Services**
 - Changed Medicaid contact to Gay Jeffries
- **Physicians' Services**
 - W0047 – Added T1015 as national replacement and revised Billing Notes (dental encounter services)
- **Rehabilitative Psychiatric Services**
 - W9789 – Removed
 - W9794 – Revised Billing Notes (unit of service)
 - W9793 – Removed
 - W9795 – Removed
 - W9796 – Revised Billing Notes (unit of service)
- **Telehealth Services**
 - Changed Medicaid contact to Terri Johansen
- **Visual Care Services**
 - Changed Medicaid contact to Terri Johansen

This Nebraska Medicaid Provider Bulletin Update is published on the Health and Human Services System Web site at: <http://www.hhs.state.ne.us/med/medindex.htm>.

PROVIDER BULLETIN

No. 03-05

May 20, 2003

TO: All Nebraska Medicaid Providers

FROM: Robert Seiffert, Administrator
Medicaid Division

RE: Use of National HCPCS/CPT Procedure Codes and Modifiers

Beginning with dates of service October 16, 2003, all Nebraska-defined local procedure codes and procedure code modifiers will be discontinued and use of the national HCPCS/CPT procedure codes and modifier replacements will be required on all claims submitted to Nebraska Medicaid.

The Nebraska-defined local codes and their national replacement(s) are listed in this bulletin by service type. The following service types are included in this Provider Bulletin –

| <u>Service Type</u> | <u>Regulation Reference</u> | <u>Page</u> |
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| • Anesthesia Services | 471 NAC 18-000 | 3 |
| • Durable Medical Equipment and Medical Supplies | 471 NAC 7-000 | 4 – 8 |
| • Federally Qualified Health Centers | 471 NAC 29-000 | 9 |
| • HEALTH CHECK and Treatment Services For Conditions Disclosed During HEALTH CHECKS (EPSDT) | 471 NAC 33-000 | 10 – 11 |
| • Hearing Aids | 471 NAC 8-000 | 12 |
| • Home Health Agency Services | 471 NAC 9-000 | 13 |
| • Hospital Ambulatory Room and Board Services | 471 NAC 10-000 | 14 |
| • Mental Health and Substance Abuse Treatment Services for Children and Adolescents | 471 NAC 32-000 | 15 – 17 |
| • Psychiatric Services for Individuals Age 21 and Older | 471 NAC 20-000 | 15 – 17 |
| • Nursing Services | 471 NAC 13-000 | 18 – 19 |
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This Nebraska Medicaid Provider Bulletin is published on the Health and Human Services System Web site at: <http://www.hhs.state.ne.us/med/medindex.htm>

Please direct questions regarding this memorandum to the program specialist listed for the service type.

AMBULATORY SURGICAL CENTER (ASC) SERVICES (471 NAC 26-000)

For questions, contact Margaret Booth at 402-471-9380

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|---|---|-----------------------------------|--|---------------|
| 54 | Ambulatory surgical center (ASC) service | SG | Ambulatory surgical center (ASC) facility service | |

ANESTHESIA SERVICES (471 NAC 18-000)

For questions, contact Terrie Johansen at 402-471-9342

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|---|---|--|---|----------------------|
| N | Anesthesia-CRNA/AA (non-medically directed) | QZ | CRNA service: without medical direction by a physician | |
| W | Anesthesia-CRNA/AA (medically directed) | QX | CRNA service: with medical direction by a physician | |
| WA | Anesthesia-MD (provides total anesthesia services or supervises one case) | AA | Anesthesia services performed personally by anesthesiologist | |
| | | QY | Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist | |
| WC | Anesthesia-MD (medical direction of CRNA/AA-direction of 2 procedures) | QK | Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals | |
| WD | Anesthesia-MD (medical direction of CRNA/AA-direction of 3 procedures) | QK | Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals | |
| WF | Anesthesia-MD (medical direction of CRNA/AA-direction of 4 procedures) | QK | Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals | |

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (471 NAC 7-000)
For questions, contact Sharon Butts at 402-471-9381

| Nebraska Local Procedure Code | National HCPCS/CPT Replacement(s) | Billing Notes |
|---|--|--|
| W0100 Apnea monitor supplies - one month supply | A4556 Electrodes (e.g., apnea monitor), per pair A4557 Lead wires (e.g., apnea monitor), per pair A4558 Conductive paste or gel A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | |
| W0102 Equipment and supplies required for pneumocardiogram | A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code E1399 Durable medical equipment, miscellaneous Removed E0619 | |
| W0105 Augmentative communication devices or accessory | E1902 Communication board, non-electronic augmentative or alternative communication device K0541 Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time K0542 Speech generating device, digitized speech, using pre-recorded messages, greater than eight minutes recording time K0543 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device K0544 Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access K0545 Speech generating software program, or personal computer or personal digital assistant K0546 Accessory for speech generating device, mounting system K0547 Accessory for speech generating device, NOC Removed K0615-K0617 | |
| W0110 Bath support chair, includes all accessories (e.g., ankle straps, lap/chest belt, head support, wheels, etc.) | E1399 Durable medical equipment, miscellaneous | |
| W0111 Rehabilitation shower wheelchair | E1399 Durable medical equipment, miscellaneous | |
| W0112 Tub transfer bench | E0972 Transfer board or device | |
| W0115 Bed wedge, with cover | E0315 Bed accessory; board, table, or support device, any type | Use this procedure code only for bed wedges. |

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (471 NAC 7-000)

For questions, contact Sharon Butts at 402-471-9381

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|-----------------------------------|---|---------------|
| W0120 | Breast pump, manual, includes all accessories | E0602 | Breast pump, manual, any type | |
| W0121 | Breast pump, battery operated, with electric adapter and all accessories | E0603 | Breast pump, electronic (AC and/or DC), any type | |
| W0122 | Breast pump, electric, includes all accessories | E0604 | Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC) | |
| W0130 | NMES supplies - one month supply | A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | |
| W0135 | Ear/pulse oximeter, includes all accessories | E0445 | Oximeter device for measuring blood oxygen levels non-invasively | |
| W0140 | Peak flow meter, home model | A4614 | Peak expiratory flow rate meter, hand held | |
| W0145 | Positioning seat approved for use in vehicles, for client age 20 and younger | E1399 | Durable medical equipment, miscellaneous | |
| W0150 | Seat lift chair with seat lift mechanism | E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | |
| W0152 | Seat lift chair excluding the Medicare-approved seat lift mechanism | E1399 | Durable medical equipment, miscellaneous | |
| W0160 | Home uterine monitor, includes all accessories | S9001 | Home Uterine Monitor with or without Associated Nursing Services | |
| W0170 | Walker, specialty (e.g., ring type, posture type) | E1399 | Durable medical equipment, miscellaneous | |
| W0199 | Supply or accessory necessary for the effective use of durable medical equipment for which there is no other procedure code | A9900 | Misc DME supply, accessory and/or service component of another HCPCS code | |
| W0210 | Condom, male, each | A4267 | Contraceptive supply, condom, male, each | |
| W0211 | Condom, female, each | A4268 | Contraceptive supply, condom, female, each | |
| W0220 | Hearing aid battery, air, each | V5266 | Battery for use in hearing device | |
| W0221 | Hearing aid battery, mercury, each | V5266 | Battery for use in hearing device | |
| W0222 | Hearing aid battery, silver, each | V5266 | Battery for use in hearing device | |
| W0223 | Hearing aid battery, body aid, each | V5266 | Battery for use in hearing device | |
| W0226 | Heat/cold pack, reusable | E1399 | Durable medical equipment, miscellaneous | |
| W0230 | Diaper/brief, child size, each | A4529 A4530 A4531 | Child-sized incontinence product, diaper, small/medium size, each Child-sized incontinence product, diaper, large size, each Child-sized incontinence product, brief, | |

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (471 NAC 7-000)

For questions, contact Sharon Butts at 402-471-9381

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|---|---------------|
| | | A4532 | small/medium size, each Child-sized incontinence product, brief, large size, each | |
| W0231 | Diaper/brief, youth/small adult size, each | A4533 | Youth-sized incontinence product, diaper, each | |
| | | A4534 | Youth-sized incontinence product, brief, each | |
| | | A4521 | Adult-sized incontinence product, diaper, small size, each | |
| | | A4525 | Adult-sized incontinence product, brief, small size, each | |
| W0232 | Diaper/brief, medium adult size, each | A4522 | Adult-sized incontinence product, diaper, medium size, each | |
| | | A4526 | Adult-sized incontinence product, brief, medium size, each | |
| W0233 | Diaper/brief, large adult size, each | A4523 | Adult-sized incontinence product, diaper, large size, each | |
| | | A4524 | Adult-sized incontinence product, diaper, extra large size, each | |
| | | A4527 | Adult-sized incontinence product, brief, large size, each | |
| | | A4528 | Adult-sized incontinence product, brief, extra large size, each | |
| W0235 | Diaper service, diaper/brief, child size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0236 | Diaper service, diaper/brief, youth/small adult size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0237 | Diaper service, diaper/brief, medium adult size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0238 | Diaper service, diaper/brief, large adult size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0239 | Diaper service, underpad, all sizes, reusable, each | A4335 | Incontinence supply, miscellaneous | |
| W0240 | Incontinent pant, for use with liner/pad, any size, each | A4536 | Protective underwear, washable, any size, each | |
| W0241 | Incontinent liner/pad, mini, each | A4535 | Disposable liner/shield for incontinence, each | |
| W0242 | Incontinent liner/pad, regular, each | A4535 | Disposable liner/shield for incontinence, each | |
| W0243 | Incontinent liner/pad, super, each | A4535 | Disposable liner/shield for incontinence, each | |
| W0245 | Catheter plug, each | A4335 | Incontinence supply, miscellaneous | |
| W0246 | Diaper service, diaper/brief, x-large adult size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0247 | Diaper service, diaper/brief, xx-large adult size, reusable, each | A4538 | Diaper service, reusable diaper, each diaper | |
| W0250 | Container to sort and separate | A4649 | Surgical supply, miscellaneous | |

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (471 NAC 7-000)

For questions, contact Sharon Butts at 402-471-9381

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|---|--|
| | medications | | | |
| W0253 | Cotton balls, per 100 | A4649 | Surgical supply, miscellaneous | |
| W0254 | Cotton-tipped applicator, each | A4649 | Surgical supply, miscellaneous | |
| W0255 | Sponge-tipped applicator for oral hygiene, disposable, per 50 | A4649 | Surgical supply, miscellaneous | |
| W0257 | Disinfectant cleaning solution for bacteria control, concentrate, per oz | A5131 A4649 | Appliance cleaner, incontinence and ostomy appliance, per 16 oz Surgical supply, miscellaneous | Note change in unit from per ounce to per 16 ounce. Use for products other than per 16 ounce. |
| W0258 | Disinfectant cleaning solution kit including disinfectant, container with lid, and measuring cup, each kit | A4649 | Surgical supply, miscellaneous | |
| W0260 | Enema kit, ready to use, each | A4458 A4649 | Enema bag with tubing, reusable Surgical supply, miscellaneous | Use for non-reuseable enema products. |
| W0262 | Eye pad/patch, each | A6410 A6411 A6412 | Eye pad, sterile, each Eye pad, nonsterile, each Eye patch, occlusive, each | |
| W0263 | Finger cot, each | A4649 | Surgical supply, miscellaneous | |
| W0265 | Gloves, sterile, each | A4930 | Gloves, sterile, per pair | Note change in units from each to pair. |
| W0266 | Gloves, nonsterile, each | A4927 | Gloves, non-sterile, per 100 | Note change in units from each to per 100. |
| W0268 | Povidone iodine ointment, per oz. | A4649 | Surgical supply, miscellaneous | |
| W0270 | Ear/nasal/ulcer syringe, each | A4649 | Surgical supply, miscellaneous | |
| W0271 | Feeding syringe, bulb or piston, each | A4649 | Surgical supply, miscellaneous | |
| W0272 | Fountain syringe, each | A4649 | Surgical supply, miscellaneous | |
| W0273 | Syringe, with needle, sterile, less than 1cc, each | S8490 A4649 | Insulin syringes (100 syringes), any size Surgical supply, miscellaneous | |
| W0275 | Thermometer, basal, reusable, each | A4931 | Oral thermometer, reusable, any type, each | |
| W0276 | Thermometer, oral or rectal, reusable, each | A4931 A4932 | Oral thermometer, reusable, any type, each Rectal thermometer, reusable, any type, each | |
| W0278 | Trach tube holder, each | S8181 | Tracheotomy tube holder | |
| W0301 | Orthotic/prosthetic evaluation, per 15 minutes | L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code | |
| W0305 | Elastic/neoprene knee support | L2999 | Lower extremity orthoses, NOS | |
| W0306 | Elastic/neoprene ankle support | L1901 | Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | |
| W0307 | Elastic/neoprene elbow support | L3701 | Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | |
| W0308 | Elastic/neoprene wrist support | L3909 | Wrist orthosis, elastic, prefabricated, | |

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES (471 NAC 7-000)**For questions, contact Sharon Butts at 402-471-9381**

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|---|---------------|
| | | | includes fitting and adjustment (e.g., neoprene, Lycra) | |
| W0310 | THKAO, supine/prone adaptive stander, includes all accessories | S8470 | Positioning device, stander, for use by patient who is unable to stand independently (e.g., cerebral palsy patient) | |

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|---|--|-----------------------------------|--|---|
| CP | Conversion of DME rental to purchase | LL | Lease/Rental (Use the LL modifier when DME equipment rental is to be applied against the purchase price.) | |
| DR | Daily rental | KR | Rental item, billing for partial month | Report the units of service as the number of rental days. |
| MM | Monthly DME maintenance charge | MS | Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty | Note change in unit from monthly to six months. |
| NS | Oral nutritional supplement | BO | Orally administered nutrition, not by feeding tube | |
| SA | Supply/accessory for DME owned by the client | RP | Replacement and Repair | Use modifier RP to indicate replaced, repaired, or replenished supplies/accessories for client-owned equipment. |

FEDERALLY-QUALIFIED HEALTH CENTERS (471 NAC 29-000)
For questions, contact Jane Athey at 402-471-9119

| Nebraska Local Procedure Code | National HCPCS/CPT Replacement(s) | Billing Notes |
|-------------------------------|---|---|
| W0046 FQHC Encounter Rate | T1015 Clinic Visit/Encounter, all inclusive | Procedure code T1015 must be billed on the first line of the claim for HEALTH CHECK (EPSDT) services on the CMS-1500 or 837P claim. Actual procedure codes for services rendered during the encounter are to be billed on subsequent claim lines. |

HEALTH CHECKS AND TREATMENT SERVICES FOR CONDITIONS DISCLOSED DURING HEALTH CHECKS (EPSDT) (471 NAC 33-000)

For questions, contact Sue Fiero at 402-471-9530

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|--|---|
| W0055 | Well child cluster visit | | | Discontinue use of this procedure code. |
| W0056 | Continuing care coordination | | | Discontinue use of this procedure code. |
| W0057 | Pediatric prenatal visit | 99401 EP 99402 EP | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0058 | Family home visitation for risk assessment and risk reduction services | 99402 EP | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0059 | Health education and infant/child care/parenting session | S9444 EP | Parenting classes, non-physician provider, per session | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0060 | Breast-feeding instruction | S9443 EP | Lactation classes, non-physician provider, per session | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0061 | Early pregnancy session | S9445 EP | Patient education, not otherwise classified, non-physician provider, individual, per session | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0062 | Prepared childbirth education series (6-8 week sessions) | S9442 EP | Birthing classes, non-physician provider, per session | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0063 | Prepared childbirth refresher series | S9437 EP | Childbirth refresher classes, non-physician provider, per session | Procedure code modifier EP (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |
| W0064 | Nutritional counseling session, | S9470 EP | Nutritional counseling, dietitian visit | Procedure code modifier EP |

HEALTH CHECKS AND TREATMENT SERVICES FOR CONDITIONS DISCLOSED DURING HEALTH CHECKS (EPSDT) (471 NAC 33-000)

For questions, contact Sue Fiero at 402-471-9530

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|----------------|-----------------------------------|--|--|
| | per 30 minutes | | | (Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Program) required for this service. |

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|---|---|-----------------------------------|------------------------|--|
| OP | Follow-up is needed by other physician and other provider | | | Discontinue use of local procedure code modifiers. Use one of the following referral indicator codes on electronic 837 practitioner claims or in field 24 on Form CMS-1500: AV - Patient refused referral); S2 – Patient is currently under treatment for referred diagnostic or corrective health problems; NU – No referral given; or ST - Referral to another provider for diagnostic or corrective treatment. |
| SD | Follow-up is needed with screening physician and dentist | | | |
| SE | Follow-up is needed with screening physician and ear specialist or audiologist | | | |
| SI | Follow-up is needed with screening physician and eye specialist | | | |
| SO | Follow-up is needed with screening physician and other physician | | | |
| XA | Total screening. No referral or follow-up needed. Immunizations current. | | | |
| XC | Follow-up is needed for chemical dependency evaluation/treatment | | | |
| XD | Follow-up is needed for dental problems by dentist | | | |
| XE | Follow-up is needed for hearing/ear problems | | | |
| XI | Follow-up is needed for visual problems | | | |
| XO | Follow-up is needed with other physician than screening physician | | | |
| XP | Follow-up is needed with other provider than screening physician | | | |
| XS | Follow-up is needed by screening physician and dentist | | | |
| XT | Follow-up is needed by mid-level practitioner | | | |
| XX | Follow-up is needed in other combinations | | | |
| 52 | Administration fee only for immunization available through the Vaccine for Children Program | SL | State supplied vaccine | |

HEARING AIDS (471 NAC 8-000)

For questions, contact Sharon Butts at 402- 471-9381

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---------------------------------------|--|--|--|
| W0220 | Hearing aid battery, air, each | V5266 | Battery for use in hearing device | |
| W0221 | Hearing aid battery, mercury, each | V5266 | Battery for use in hearing device | |
| W0222 | Hearing aid battery, silver, each | V5266 | Battery for use in hearing device | |
| W0223 | Hearing aid battery, body aid, each | V5266 | Battery for use in hearing device | |
| W0400 | Assistive listening device | V5298 | Hearing aid, not otherwise classified | |
| W0415 | Dispensing fee, repair of hearing aid | V5160 RP V5241 RP Removed V5090, V5110, V5200, V5240 | Dispensing fee, binaural Dispensing fee, monaural hearing aid, any type | Procedure code modifier RP (Repair or replacement) is required for this service. On V5160 one unit is for repair of two aids. |
| W0420 | Hearing aid ear mold | V5264 | Ear mold/insert, not disposable, any type | |
| W0425 | Hearing aid rental | | | For hearing aid rental, use procedure code modifier RR (Rental) or KR (Rental item, billing or partial month) with the appropriate hearing aid code: V5030-V5080, V5100, V5120-V5150 and V5298. When using procedure code modifier KR, report the units of service as the number of rental days. |

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|--|----------------------------|-----------------------------------|--|---|
| D | Hearing aid dispensing fee | | | A procedure code modifier is not required. Use V5160 or V5241 procedure codes to report the dispensing fee. |

HOME HEALTH AGENCIES (471 NAC 9-000)

For questions, contact Marilyn Jackson at 402-471-9360

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|-----------------------------------|--|---|
| W0805 | Speech visit | G0153 | Services of speech and language pathologist in home health setting, each 15 minutes | Note change in units from per visit to per 15 minutes |
| W0806 | Occupational therapy visit | G0152 | Services of occupational therapist in home health setting, each 15 minutes | Note change in units from per visit to per 15 minutes |
| W0808 | In-home ventilator care for individuals age 21 and older, each 24 hours | T1022 TG | Contracted home health agency services, all services provided under contract, per day | Procedure code modifier TG (Complex/high tech level of care) required for this service. |
| W0809 | Quality living daily rate | T1022 | Contracted home health agency services, all services provided under contract, per day | |
| W0810 | Professional nursing visit (RN or LPN) | G0154 TD G0154 TE | Services of Skilled Nurse in Home Health Setting, each 15 minutes Services of Skilled Nurse in Home Health Setting, each 15 minutes | Procedure code modifier TD (RN) is required for this service. Procedure code modifier TE (LPN) is required for this service. Note change in units from per visit to per 15 minutes. |
| W0817 | RN extended service, high tech, each 1/2 hour | S9123 TG | Nursing care, in the home; by registered nurse, per hour | Procedure code modifier TG (Complex/high tech level of care) is required for this service. Note change in units from per 1/2 hour to per 1 hour. |
| W0818 | RN extended service, each 1/2 hour | S9123 | Nursing care, in the home; by registered nurse, per hour | Note change in units from per 1/2 hour to per 1 hour. |
| W0827 | LPN extended services, high tech, each 1/2 hour | S9124 TG | Nursing care, in the home; by licensed practical nurse, per hour | Procedure code modifier TG (Complex/high tech level of care) is required for this service. Note change in units from per 1/2 hour to per 1 hour. |
| W0828 | LPN extended services, each 1/2 hour | S9124 | Nursing care, in the home; by licensed practical nurse, per hour | Note change in units from per 1/2 hour to per 1 hour. |
| W0830 | Home health aid (HHA) visit | G0156 | Services of Home Health Aide in Home Health Setting, each 15 minutes | Note change in units from per visit to per 15 minutes. |
| W0838 | HHA extended service, each 1/2 hour | S9122 | Home health aide or certified nurse assistant, providing care in the home; per hour | Note change in units from per 1/2 hour to per 1 hour. |
| W0840 | Physical therapy visit | G0151 | Services of Physical Therapist in Home Health Setting, each 15 minutes | Note change in units from per visit to per 15 minutes. |

HOSPITAL AMBULATORY ROOM AND BOARD SERVICES (471 NAC 10-000 Hospital Services)
For questions, contact Sue Fiero at 402-471-9530

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|--|--|--|
| 110977 | Ambulatory room and board services for client and attendant not associated with transplant services | A0180-22 A0190 A0210 Removed A0200 | Non-emergency transportation: ancillary: lodging-recipient (<i>Note: includes escort</i>) Non-emergency transportation: ancillary: meals-recipient Non-emergency transportation: ancillary: meals – escort | Use A0180-22 when both client and escort lodging is provided. Meals are to be billed separately using codes A0190 and A0210. |
| 110978 | Ambulatory room and board, attendant only | A0200 A0210 | Non-Emergency transportation: ancillary: lodging escort Non-Emergency transportation: ancillary: meals – escort | |
| 110976 | Ambulatory room and board services not associated with transplantation services, for client only | A0180 A0190 | Non-emergency transportation: ancillary: lodging-recipient Non-emergency transportation: ancillary: meals-recipient | |
| Removed 110974 110975 | | | | |

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS (471 NAC 32-000)
and PSYCHIATRIC SERVICES FOR INDIVIDUALS AGE 21 AND OLDER (471 NAC 20-000)
For questions, contact Bonnie Brown at 402-471-1611.

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|--|---|
| W9760 | Pre-treatment assessment | H0002 | Behavioral health screening to determine eligibility for admission to treatment program | |
| W9761 | Addendum to the pre-treatment assessment | H0002 52 | Behavioral health screening to determine eligibility for admission to treatment program | Procedure code modifier 52 (Reduced service) is required for this service. |
| W9762 | Psychological testing with written report, per one half hour | 96100 52 | Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour | Procedure code modifier 52 (Reduced service) is required for this service to indicate 1/2 hour testing. |
| W9763 | Family assessment | H1011 | Family assessment by licensed behavioral health professional for state defined purposes | |
| W9764 | MH/SA Community Treatment Aide II, one hour | G0177 HM | Training and educational services related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | Procedure code modifier HM (Less than bachelor degree level) required for this service. |
| W9765 | MH/SA Community Treatment Aide I, one hour | G0177 HN | Training and educational services related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | Procedure code modifier HN (Bachelors degree level) required for this service. |
| W9768 | MH/SA day treatment, half day | H2012 52 | Behavioral health day treatment, per hour | Procedure code modifier 52 (Reduced Service) is required for this service to indicate half day. Note unit of service change from half day to per hour. When billing for this service, each half day service must be billed on a separate claim line. The unit of service for each line must be reported as 3. |
| W9769 | MH/SA day treatment, full day | H2012 | Behavioral health day treatment, per hour | Note unit of service change from full day to per hour. When billing for this service, each full day service must be billed on a separate claim line. The unit of service for each line must be reported as 6. |
| W9770 | MH/SA day treatment, extended day, per hour | H2012 TU | Behavioral health day treatment, per hour | Procedure code modifier TU (Special payment rate, overtime) required when billing this service to indicate extended day rate |
| W9771 | MH/SA treatment foster care, one day | S5145 | Foster care, therapeutic, child; per diem | |

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS (471 NAC 32-000) and PSYCHIATRIC SERVICES FOR INDIVIDUALS AGE 21 AND OLDER (471 NAC 20-000)
For questions, contact Bonnie Brown at 402-471-1611.

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|-----------------------------------|---|---|
| W9772 | MH/SA treatment group home, one day | H0017 H0018 | Behavioral health; residential (hospital residential treatment program), without room and board, per diem Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem | When the service includes room and board, procedure code modifier U1 (Service includes room and board) must be used. For newly enrolled facilities that are not nationally accredited, the Medicaid payment rate does not include room and board. Do not use procedure code modifier U1. |
| W9773 | MH/SA residential treatment center, one day | H0017 TG H0018 TG | Behavioral health; residential (hospital residential treatment program), without room and board, per diem Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem | Procedure code modifier TG (Complex/high tech level of care) is required for this service. When the service includes room and board, procedure code modifier U1 (Service includes room and board) must be used. For newly enrolled facilities that are not nationally accredited, the Medicaid payment rate does not include room and board. Do not use procedure code modifier U1. |
| W9774 | MH/SA day residential crisis intervention, one day (up to 23:59) | S9484 | Crisis intervention mental health services, per hour | Note unit of service change from per day to per hour |
| W9775 | MH/SA residential crisis intervention, one day | S9485 | Crisis intervention mental health services, per diem | Payment for this service includes room and board. Do not use procedure code modifier U1 with this procedure code. |
| W9776 | MH/SA Residential Treatment Center With Sexual Offender Component - Per Day | H2029 TG | Sexual offender treatment service, per diem | Procedure code modifier TG (Complex/high tech level of care) is required for this service. |
| W9777 | Enhanced Treatment Group Home | H0017 TF H0018 TF | Behavioral health; residential (hospital residential treatment program), without room and board, per diem Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem | Procedure code modifier TF (Intermediate level of care) is required for this service. When the service includes room and board, procedure code modifier U1 (Service includes room and board) must be used. For newly enrolled facilities that are not nationally accredited, the Medicaid payment rate does |

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS (471 NAC 32-000)
and PSYCHIATRIC SERVICES FOR INDIVIDUALS AGE 21 AND OLDER (471 NAC 20-000)
For questions, contact Bonnie Brown at 402-471-1611.

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|---|--|
| | | | | not include room and board. Do not use procedure code modifier U1. |
| W9778 | MH/SA Intensive Outpatient Service (Bundled) | S9480 | Intensive outpatient psychiatric services, per diem | This service is covered for managed care clients only. |
| W9779 | Mileage, one mile | 99082 | Unusual travel | The unit of service must be billed as the total number of miles traveled. |
| W9780 | Therapeutic leave day | | | When billing therapeutic leave days on institutional claims, report the procedure code for the service the client is receiving and revenue code 183. When billing therapeutic leave days on professional claims, use the procedure code for the service the client is receiving and place of service code 12. |

NURSING SERVICES (471 NAC 13-000)

For questions, contact Marilyn Jackson at 402-471-9360

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|-----------------------------------|--|--|
| W0860 | Medical Day Care, Basic; Full Day | T1024 | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | The units of service must be reported as '5' when five or more hours of care is provided. |
| W0861 | Medical Day Care, Basic; Per Hour | T1024 | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | The units of service must be reported per hour when less than five hours of care is provided. |
| W0865 | Medical Day Care, Complex; Full Day | T1024 TG | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | Procedure code modifier TG (Complex/high tech level of care) is required for this service. The units of service must be reported as '5' when five or more hours of care is provided. |
| W0866 | Medical Day Care, Complex; Per Hour | T1024 TG | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | Procedure code modifier TG (Complex/high tech level of care) is required for this service. The units of service must be reported per hour when less than five hours of care is provided. |
| W0870 | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | T1024 | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | Each unit of service represents four hours of care. A maximum of 6 units of service can be billed per day. |
| W0871 | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter, complex level of care | T1024 TG | Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple and severely handicapped children, per encounter | Procedure code modifier TG (Complex/high tech level of care) is required for this service. Each unit of service represents four hours of care. A maximum of 6 units of service can be billed per day. |
| W0875 | LPN visit | T1000 TE | Private duty/independent nursing service(s) - licensed, up to 15 minutes | Procedure code modifier TE (LPN) is required when billing this service. Note unit of service change from per visit to per 15 minutes. |
| W0876 | LPN, per hour | T1003 | LPN/LVN Services, up to 15 minutes | Note unit of service change from per hour to per 15 minutes. |
| W0880 | RN visit | T1000 TD | Private duty/independent nursing service(s) - licensed, up to 15 minutes | Procedure code modifier TD (RN) is required when billing this service. |

NURSING SERVICES (471 NAC 13-000)

For questions, contact Marilyn Jackson at 402-471-9360

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---|-----------------------------------|---|---|
| | | | | Note unit of service change from per visit to per 15 minutes. |
| W0881 | RN, per hour | T1002 | RN Services, up to 15 minutes | Note unit of service change from per hour to per 15 minutes. |
| W0885 | Skilled nursing service (provided in adult day care center), per diem | S5105 TD | Day care services, center-based; services not included in program fee, per diem | Procedure code modifier TD (RN) required for this service. |
| W0890 | Aide service (provided in adult day care center), per diem | S5105 | Day care services, center-based; services not included in program fee, per diem | |

PERSONAL CARE SERVICES (471 NAC 15-000)**For questions, contact Gay Jeffries at 402-471-9415**

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|--------------------------------------|---|--|--|--|
| W0885 | Skilled nursing service (provided in adult day care center), per diem | S5105 TD | Day care services, center-based; services not included in program fee, per diem | Procedure code modifier TD (RN) required for this service. |
| W0890 | Aide service (provided in adult day care center), per diem | S5105 | Day care services, center-based; services not included in program fee, per diem | |
| 199811 | Personal care aide, per hour | T1019 | Personal care services, per 15 minute, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by a home health aide or certified nurse assistant) | Note unit of service change from per hour to per 15 minutes. |
| 199814 | Trained personal care aide, per hour | T1019 22 | Personal care services, per 15 minute, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by a home health aide or certified nurse assistant) | Procedure code modifier 22 (Unusual service) is required when billing this service to indicate trained aide. Note unit of service change from per hour to per 15 minutes. |

PHYSICIANS' SERVICES (471 NAC 18-000)

For questions, contact Lorelee Novak at 402-471-9368

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|--|--|
| W0001 | Annual nursing home physical | 99301 | Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision-making that is straightforward or of low complexity. | |
| | | 99302 | Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision-making of moderate to high complexity. | |
| W0002 | Nursing home re-certification in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) | 99301 52 | Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision-making that is straightforward or of low complexity. | Procedure code modifier 52 (Reduced service) is required for this service. |
| W0047 | Tribal/IHS all inclusive encounter rate (excludes ambulance, transportation, and prescription drugs) | T1015 SE T1015 | Clinic Visit/Encounter, all inclusive (<i>non-dental encounter</i>) Clinic Visit/Encounter, all inclusive (<i>dental encounter</i>) | Procedure code modifier SE (State and/or federally funded programs/services) required for this service, <i>except when a dental encounter service. For dental encounters at tribal/IHS clinics, use T1015 on the dental claim.</i> Procedure code T1015 SE must be billed on the first line of the CMS-1500 or 837P claim. Actual procedure codes for services rendered during the encounter are to be billed on subsequent claim lines. |
| W3176 | PCCM PCP Case Management Fee | G9008 | Coordinated care fee, physician coordinated care oversight services | Note: Do not submit this procedure code on claims to Nebraska Medicaid. This code will only appear on the Nebraska Medicaid remittance advice to indicate primary care physician monthly case management services for the Nebraska Medicaid managed care program. |

REHABILITATIVE PSYCHIATRIC SERVICES (471 NAC 35-000)

For questions, contact Bonnie Brown at 402-471-1611

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|---|--------------------------------------|--|--|--|
| W9780 | Therapeutic leave day | | | When billing therapeutic leave days on institutional claims, report the procedure code for the service the client is receiving and revenue code 183. When billing therapeutic leave days on professional claims, use the procedure code for the service the client is receiving and place of service code 12. |
| W9794 | Day rehabilitation, half day | H2017 | Psychosocial rehabilitation services, per 15 minutes | The unit of service must be billed as 12 for this service. |
| W9796 | Community support, per month | H2016 HE | Comprehensive community support services, per diem | Procedure code modifier HE (Mental health program) is required when billing this service. Note unit of service change from per month to per day. |
| W9797 | Day rehabilitation, full day | H2018 | Psychosocial rehabilitation services, per diem | |
| W9798 | Residential rehabilitation, full day | H2018 TG | Psychosocial rehabilitation services, per diem | Procedure code modifier TG (Complex/high tech level of care) is required for this service. |
| Removed W9789 W9793 W9795 | | | | |

SPECIAL EDUCATION SCHOOL BASED SERVICES (471 NAC 25-000)**For questions, contact Jon Sterns at 402-471-9126**

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|--------------------------------------|--|--|---|---|
| W0610 | School-based special education professional physical therapy service - up to 30 minutes | 97002 TM | Physical therapy re-evaluation | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0615 | School-based special education paraprofessional physical therapy service - up to 30 minutes | 97002 TM | Physical therapy re-evaluation | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0620 | School-based special education professional speech and language therapy service - 20 minutes | 92506 TM | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0625 | School-based special education paraprofessional speech and language therapy service - 20 minutes | 92506 TM | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0630 | School-based special education professional speech and language therapy service - up to 30 minutes | 92506 TM | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0635 | School-based special education paraprofessional speech and language therapy service - up to 30 minutes | 92506 TM | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0640 | School-based special education professional occupational therapy service - up to 30 minutes | 97004 TM | Occupational therapy re-evaluation | Procedure code modifier TM (Individualized Education Program) is required for this service. |
| W0645 | School-based special education paraprofessional occupational therapy service - up to 30 minutes | 97004 TM | Occupational therapy re-evaluation | Procedure code modifier TM (Individualized Education Program) is required for this service. |

TELEHEALTH SERVICES (471 NAC 3-000)

For questions, contact Terrie Johansen at 402-471-9342

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|--|-----------------------------------|---|---------------|
| W0950 | Telehealth transmission line charge/minute | T1014 | Telehealth transmission, per minute, professional services billing separately | |

VISUAL CARE SERVICES (471 NAC 24-000)

For questions, contact Terrie Johansen at 402-471-9342

| Nebraska Local Procedure Code | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|-------------------------------|---------------------------------------|-----------------------------------|---------------------|---------------|
| W0510 | Frame front/chassis replacement, each | V2799 | Vision service, NOC | |
| W0515 | Temple replacement, each | V2799 | Vision service, NOC | |
| W0520 | Hinge replacement, each | V2799 | Vision service, NOC | |
| W0525 | Nosepad replacement, each | V2799 | Vision service, NOC | |
| W0530 | Eyeglass case, each | V2799 | Vision service, NOC | |

| Nebraska Local Procedure Code Modifier | | National HCPCS/CPT Replacement(s) | | Billing Notes |
|--|--|-----------------------------------|--|--|
| DF | Replaced frame because current frame cannot accommodate prescribed lens change | | | Discontinue use of local procedure code modifiers. Document the reason for frame/lens on CMS-1500 paper claims or use Vision Condition Indicators on electronic 837 claims. |
| FP | Client's first pair of prescription eyeglasses | | | |
| LD | Replaced frame/lens due to loss, damage, or irreparable wear | | | |
| RX | Replaced lens due to prescription | | | |
| SC | Replaced frame/lens due to size change for growth | | | |